

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34802

FILED NOV 12 1957

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 405	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place) 35 yrs		c. CITY OR TOWN Columbia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital				e. STREET ADDRESS (If rural, give location) 1001 Locust St.			
3. NAME OF DECEASED (Type or Print) a. (First) Ira		b. (Middle) Franklin		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) 11 5 1957	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 3, 1887	
9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HR. Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairyman		10b. KIND OF BUSINESS OR INDUSTRY Dairy Farm		11. BIRTHPLACE (City and State or Foreign Country) Monroe County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Marion Brown		13b. MOTHER'S MAIDEN NAME Nancy Greasman		14. NAME OF HUSBAND OR WIFE Mary L. Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY (If yes, give war or dates of service) 488.38-0107		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary L. Brown Columbia, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Followed Surgery (Urinary Disinfection) DUE TO (c) Carcinoma of Bladder II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema 181X Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 5 days 5 days 6 years Unknown Unknown	
19a. DATE OF OPERATION 11-1-57		19b. MAJOR FINDINGS OF OPERATION Transitional Cell Carcinoma of bladder, far advanced		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept, 1956, to 11-5, 1957, that I last saw the deceased alive on 11-5, 1957, and that death occurred at 7:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE James E. Burnham, M.D.		(Degree or title) D		23b. ADDRESS Columbia, Mo.		23c. DATE SIGNED 11-6-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 7, 1957		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Columbia, Mo.	
DATE REC'D BY LOCAL REG. Nov 6 1957		REGISTRAR'S SIGNATURE Mrs R E Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Lyman Sprinkle		ADDRESS Columbia Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Lymon Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.